

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889807**

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 2 | | | | |
| 4 | | | | | | |
| 5 | | ① | | | | |
| 6 | | ① | | | | |
| 7 | | ① | | | | |
| 8 | | ① | | | | |
| 9 | | ① | | | | |
| 10 | | ① | | | | |
| 11 | | ① | | | | |
| 12 | | ① | | | | |
| 13 | | ① | | | | |
| 14 | | ① | | | | |
| 15 | | ① | | | | |
| 16 | | ① | | | | |
| 17 | | ① | | | | |
| 18 | | ① | | | | |
| 19 | | ① | | | | |
| 20 | | ① | | | | |
| 21 | | ① | | | | |
| 22 | | ① | | | | |
| 23 | | ① | | | | |
| 24 | | ① | | | | |
| 25 | | ① | | | | |
| 26 | | ① | | | | |
| 27 | | ① | | | | |
| 28 | | ① | | | | |
| 29 | | ① | | | | |
| 30 | | ① | | | | |
| 31 | | ① | | | | |
| 32 | | ① | | | | |
| 33 | | ① | | | | |
| 34 | | ① | | | | |
| 35 | | ① | | | | |
| 36 | | ① | | | | |
| 37 | | ① | | | | |
| 38 | | ① | | | | |
| 39 | | ① | | | | |
| 40 | | ① | | | | |
| 41 | | ① | | | | |
| 42 | | ① | | | | |
| 43 | | ① | | | | |
| 44 | | ① | | | | |
| 45 | | ① | | | | |
| 46 | | ① | | | | |
| 47 | | ① | | | | |
| 48 | | ① | | | | |
| 49 | | ① | | | | |
| 50 | | ① | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | * | | * | | * |
|--------------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. |
| 51 | | ① | | | |
| 52 | | ① | | | |
| 53 | | ① | | | |
| 54 | | ① | | | |
| 55 | | ① | | | |
| 56 | | ① | | | |
| 57 | | ① | | | |
| 58 | | ① | | | |
| 59 | | ① | | | |
| 60 | | ① | | | |
| 61 | | ① | | | |
| 62 | | ① | | | |
| 63 | | ① | | | |
| 64 | | | | | |
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| 99 | | | | | |
| 100 | | | | | |
| TOTAL IND. | 1 | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 62 | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS